

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	[WELLBORE COMMUNICATION SYSTEM]																																
Application Number : Date : First Named Applicant: John Lovell Attorney Docket Number: 20.2836																																	
<b>TOTAL FEE AUTHORIZED \$ 1324</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																																	
Filing as large entity  BASIC FILING FEE <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 46</td><td>26</td><td>1202</td><td>18</td><td>468</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>1201</td><td>86</td><td>86</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 554</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 46	26	1202	18	468	Independent Claims : 4	1	1201	86	86	Subtotal For Extra Claims Fees: \$ 554				
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<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Deposit account number: 190610 Access Code **** Deposit name: Schlumberger Oilfield Services Deposit authorized name: Brigitte L. Jeffery Signature: Brigitte L. Jeffery Date (YYYYMMDD): 2004-01-29  Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																																	